Greater Manchester Cancer

This pathway should be used by Secondary Care <u>ONLY</u>. It is explicitly concerned with patients who are FIT <10µg with no IDA and/or no palpable mass and/or no obstructive symptoms (EXCLUDES patients with FIT <10µg AND with persistent/recurrent anorectal bleeding who should receive a flexi-sig). These may have been referred on a suspected LGI cancer referral (currently TWW) a FIT has been requested at the same time rather than results informing Primary Care Triage. This form should be completed following review and discussion with the patient and saved within the patient notes.

*Where patients are discharged back to Primary Care, the following information should be communicated/discussed with them by an appropriately trained clinician:

- a. Reassurance to the patient that colorectal cancer has been excluded as possible diagnosis.
- b. Advise the patient to be vigilant of similar signs and symptoms and others that are not normal for them. Safety netting advice should go alongside that e.g. losing weight, night sweats etc....
- c. Inform the patient that they are being referred to their GP for management with explanation why, informing them that a letter will be sent to their GP and them summarising this outcome with further advice.

There should be shared decision making with the patient around risks of colorectal cancer vs doing colonoscopy or imaging vs doing nothing.

CLINICIAN NAME:	NHS Number
PATIENT NAME	Date FIT Test reported
Date of Referral	Rockwood Frailty score from TWW referral:

FIT Resultµg/L (-VE= 0-9ug/L)	Hb	g/L (Female =115-165g/L / Male = 130-180g/L)
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Ferritinug/L (15-2	200) MCV	fL (80.0 – 100.0)
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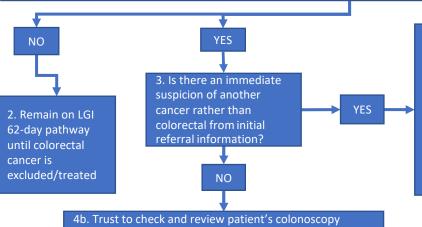
Protocol	Comments	Clinician signature	Date
Has the patient had a FIT result of <10µg WITH NO sign of IDA, no palpable abdominal mass or obstructive symptoms and no ongoing clinical concerns (e.g. unexplained weight loss)?			
Is there an immediate suspicion of another cancer rather than colorectal from initial referral information?			
Patient's colonoscopy history has been reviewed			
Patient referral information has been reviewed			
Face-to-face/telephone consultation has taken place			
Next steps discussed and confirmed with the patient			

Summary of next steps:		



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1.Has the patient had a FIT result of <10μg WITH NO sign of IDA, no palpable abdominal mass or obstructive symptoms and no ongoing clinical concerns (e.g. unexplained weight loss) (EXCLUDES patients with FIT <10μg AND with persistent/recurrent anorectal bleeding who should receive a flexi-sig)



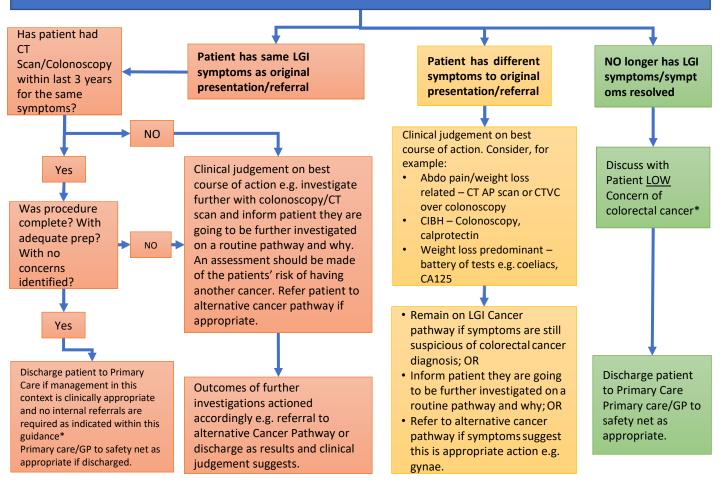
history.

4a. Patient should remain on the cancer pathway. Telephone consultation by an appropriately trained clinician to inform the patient that they are being referred to either:

a. the non-specific service, OR
b. an alternative, appropriate cancer specialty.
Reasons for change in pathway to be explained to the patient and letter sent to patient and GP summarising triage outcome.

5. Trust to arrange a Face to face/telephone* assessment/consultation with patient to check and confirm symptoms and verify referral information. Ensure appropriate assessment is done in accordance with patient presentation and available information. For example, a repeat examination might be required.

*Telephone consultation should take place with an appropriately trained clinician e.g. Consultant, Clinical Nurse Specialist or Endoscopy Nurse to explain the outcome of the triage.







Document developed by the Cheshire and Mersey Cancer Alliance and adapted with permission for Greater Manchester.